Rhode Island Department of Health
Varicella (Chickenpox) Case Report Form

REPORTING INFORMATION

DATE OF REPORT:	NAME OF PERSON REPORTING:	PHONE:	FAX:

REPORTING SITE IS:	ADDRESS/CITY:
☐ Physician ☐ School ☐ Daycare ☐ College ☐ Other _____	

DEMOGRAPHIC INFORMATION

PATIENT LAST NAME: FIRST NAME:	DATE OF BIRTH:	SEX: Male ☐ Female ☐

STREET ADDRESS:	CITY:	ZIP CODE:	PHONE:

RACE:	ETHNICITY:
☐ African American ☐ American Indian/Alaskan Native ☐Asian/Pacific Islander ☐ White ☐ Other ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown

PATIENT ATTENDS:	NAME OF INSTITUTION:	CITY:
☐ School ☐ Daycare ☐ College ☐ Work ☐ Other _____ ☐ Not applicable		

CLINICAL INFORMATION

Rash onset date: _____/____/____
mm dd yy

Severity (check one):

☐ < 50 lesions (can be counted in 30 seconds)

☐ 50-249 lesions (there is enough skin without lesions that the sick person's hand can be placed somewhere on skin and not cover any lesions.)

☐ 250 – 500 lesions (a typical case, can see normal skin between lesions)

☐ > 500 lesions (the whole body is covered with lesions; confluent rash, unable to see normal skin between lesions)

☐ Unknown

Reliable prior history of chickenpox: ☐ Yes ☐No ☐ Unknown If yes, age at previous disease: _____

Hospitalized: ☐ Yes ☐No ☐ Unknown If yes, hospital name:_____

Diagnosed: Date: _____/____/____ By: ☐ MD/PA/NP/RN ☐ Parent/Guardian ☐ School ☐Self ☐ Other

Laboratory confirmed: ☐ Yes ☐No ☐ Unknown If yes, Test type: ☐ DFA ☐IgM ☐ IgG ☐ PCR ☐ Other

Result: ☐ Positive ☐Negative ☐ Undetermined ☐ Unknown

VACCINE INFORMATION

Did patient ever receive varicella vaccine? ☐ Yes ☐No ☐ Unknown

If yes, date(s) received varicella vaccination 1. _____/____/____ 2. _____/____/____

Where did patient reside between 12 and 18 months of age? ☐RI ☐Other State in US (specify) _____ ☐ Outside US

Please fax completed Varicella Case Report Form to the Rhode Island Department of Health Immunization Program at (401) 222-1442.

Rhode Island Department of Health
Immunization Program
3 Capitol Hill Room 302
Phone 222-2312 Fax 222-1442